

For official use only: Customer Name	Customer No.
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PD F 5387 E
Department of the Treasury
Bureau of the Public Debt
(Revised April 2005)

REQUEST FOR REISSUE OF SERIES I UNITED STATES SAVINGS BONDS

OMB No. 1535-0130

Visit us on the Web at www.treasurydirect.gov

IMPORTANT: Follow instructions in filling out this form. You should be aware that the making of any false, fictitious, or fraudulent claim or statement to the United States is a crime that is punishable by fine and/or imprisonment.

PRINT IN INK OR TYPE ALL INFORMATION

1. DESCRIPTION OF BONDS

I request reissue of the following-described Series I United States Savings Bonds in the amount of \$ _____ (total face amount).

ISSUE DATE	FACE AMOUNT	BOND NUMBER	REGISTRATION (Social security number and names, including middle names or initials, on the bonds)

(If more space is needed, use a continuation sheet and attach it to this form.)

TAX LIABILITY: If the name of a living owner or principal coowner of the bonds is eliminated from the registration, the owner or principal coowner must include the interest earned and previously unreported on the bonds to the date of the transaction on his or her Federal income tax return for the year of the reissue. (Both registrants are considered to be coowners when bonds are registered in the form: "A" or "B.") The principal coowner is the coowner who (1) purchased the bonds with his or her own funds, or (2) received them as a gift, inheritance, or legacy, or as a result of judicial proceedings, and had them reissued in coownership form, provided he or she has received no contribution in money or money's worth for designating the other coowner on the bonds. If the reissue is a reportable event, the interest earned on the bonds to the date of the reissue will be reported to the IRS by a Federal Reserve Bank or Branch or the Bureau of the Public Debt under the Tax Equity and Fiscal Responsibility Act of 1982. THE OBLIGATION TO REPORT THE INTEREST CANNOT BE TRANSFERRED TO SOMEONE ELSE THROUGH A REISSUE TRANSACTION. If you have any questions concerning the tax consequences, consult your District Director, Internal Revenue Service, or write to the Commissioner of Internal Revenue, Washington, DC 20224.

2. NEW BOND REGISTRATION

OWNER OR FIRST-NAMED COOWNER (Bonds registered to)

Social Security Number: _____

Name: _____
(First name) (Middle name or initial) (Last name)

BONDS TO BE DELIVERED "IN CARE OF"

(Do NOT complete this line unless the name is different from the owner or first-named coowner shown above.)

Mail to: _____
(Name)

ADDRESS WHERE BONDS ARE TO BE DELIVERED

(Number and Street or Rural Route)

(City) (State) (ZIP Code)

COOWNER OR BENEFICIARY (Coownership will be assumed if neither or if both blocks are checked)

The following person is to be named as ☐ coowner ☐ beneficiary

Name: _____
(First name) (Middle name or initial) (Last name)

3. REASON FOR REISSUE

Reissue is requested to: *(Check all that apply.)*

- a. ☐ Add a coowner or beneficiary.
- b. ☐ Change present beneficiary to coowner.
- c. ☐ Remove the name of a living beneficiary and issue the bonds in either single-ownership form or with another person as coowner or beneficiary.
- d. ☐ Remove the name of a deceased registrant and issue the bonds in either single-ownership form or with another person as coowner or beneficiary. Complete the following:

Provide the name and date of death of each deceased registrant:

<hr/>	died on	<hr/>
(Name)		(Month/Day/Year)
<hr/>	died on	<hr/>
(Name)		(Month/Day/Year)

- e. ☐ Change of name by: ☐ marriage ☐ divorce ☐ court order ☐ naturalization ☐ other

Explain: _____

- f. ☐ Correct error in registration. Provide the following information:

(1) The bonds were purchased by: _____

(2) The funds belonged to: _____

(3) Explanation of error: _____

- g. ☐ Remove the name of a present owner/coowner due to the divorce, legal separation, or annulment of the present owner/coowner and the new owner/coowner since the bonds were issued. Complete the following:

We certify _____
(Name of owner or principal coowner)

whose social security number is _____ is owner or principal coowner of the bonds.

He/She is responsible for any Federal tax liability resulting from this transaction.

4. SIGNATURES - *You must wait until you are in the presence of a certifying officer to sign this form.*

The undersigned certify under penalty of perjury that the information provided is true and correct to the best of our knowledge and belief and agree to reissue of the bonds as indicated. I/We bind myself/ourselves, my/our heirs, legatees, successors and assigns, jointly and severally, to hold the United States harmless on account of the reissue requested herein, to indemnify unconditionally and promptly repay the United States in the event of any loss which results from this request, including interest, administrative costs, and penalties. I/We consent to the release of any information regarding this transaction, including information contained in this application, to any party having an ownership interest in the bonds. (See the Instructions.)

Sign Here ➞ _____ (Signature of Owner or Coowner)	_____ (Print Name)
Home Address _____ (Number and Street or Rural Route)	_____ (Social Security Number)
_____ (City) (State) (ZIP Code)	_____ (Daytime Telephone Number)
E-Mail Address _____	

Sign Here ➞ _____ (Signature of Owner or Coowner)	_____ (Print Name)
Home Address _____ (Number and Street or Rural Route)	_____ (Social Security Number)
_____ (City) (State) (ZIP Code)	_____ (Daytime Telephone Number)
E-Mail Address _____	

Certifying Officer – The individuals must sign in your presence. Complete the certification and affix your stamp or seal.

I CERTIFY that _____, whose identity is known or was
proven to me, personally appeared before me this _____ day of _____, _____,
(Month) (Year)
at _____, and signed this form.
(City) (State)

**(OFFICIAL STAMP
OR SEAL)**

(Signature and title of certifying officer)

(Street address)

(City)

(State)

(ZIP Code)

I CERTIFY that _____, whose identity is known or was
proven to me, personally appeared before me this _____ day of _____, _____,
(Month) (Year)
at _____, and signed this form.
(City) (State)

**(OFFICIAL STAMP
OR SEAL)**

(Signature and title of certifying officer)

(Street address)

(City)

(State)

(ZIP Code)

IDENTIFICATION NOTATIONS

☐ Customer Account Number and Date Established: _____ ☐ Documents - Description: _____
☐ Identified by (Signature and Address): _____

INSTRUCTIONS TO CERTIFYING OFFICER

Each person appearing before you must establish identification by positive and reliable evidence before this form is signed, unless he or she is personally well-known to you. You must place an adequate notation above or on a separate record, showing exactly how identification was established. A notation is adequate if it is sufficiently detailed to permit, at a later date, a determination of the exact identification actually used. You and, if you are an officer or employee of an organization, the organization will be held fully responsible for the adequacy of the identification.

The signatures to the request must be executed in your presence. Fully complete and sign the certification form provided for your use for each signature you witness.

If you are an employee (rather than an officer) authorized to certify signatures, insert the words "Authorized Signature" in the space provided for the title. Insert the place and date, as required on the form, and impress the seal of your organization.

FOR FEDERAL RESERVE BANK USE ONLY

☐ This transaction was a reportable event.
\$ _____ was reported under _____ for _____.
(Social Security Number) (Year)
☐ This transaction was not a reportable event. No interest was reported.

PRIVACY ACT AND PAPERWORK REDUCTION ACT NOTICE

We're asking for the information on this form to assist us in processing your securities transaction requests. Our authority comes from 31 U.S.C. Ch. 31 which authorizes the Treasury Department to borrow money to pay the public debt of the United States. Also, 26 U.S.C. 6109 requires us to use your SSN on certain forms when we report taxable income to IRS. It's voluntary that you provide the requested information, but without it, we may not be able to process your transaction requests. Information concerning your securities holdings and transactions is considered confidential under Treasury regulations (31 CFR Part 323) and the Privacy Act. However, the following routine uses of this information may include disclosure to the following persons or entities: agents and contractors who help us manage the public debt; others entitled to the securities or payment; agencies (including disclosure through approved computer matches) determining eligibility for benefits, finding persons we've lost contact with, or helping us collect debts; agencies for investigations or prosecutions; courts, counsel, and others for litigation and other proceedings; a Congressional office asking on your behalf; and as otherwise authorized by law.

We estimate it will take you about 30 minutes to complete this form. However, you are not required to provide information requested unless a valid OMB control number is displayed on the form. Any comments or suggestions regarding this form should be sent to the Bureau of the Public Debt, Forms Management Officer, Parkersburg, WV 26106-1328. **DO NOT SEND completed form to the above address; send to correct address shown in "WHERE TO SEND" in the Instructions.**

INSTRUCTIONS

USE OF FORM – Use this form to request reissue under any of the various circumstances set out in Item 3 on page 2 of this form. In each instance, the specific instructions relating to the particular item must be carefully read and followed. One form may be used to request reissue for more than one purpose, for instance, to eliminate name of decedent (Item 3d) and to show change of name by marriage of survivor (Item 3e). However, separate forms must be used for each new form of registration.

INCOMPETENT OR MINOR – An incompetent owner, coowner, or beneficiary may not execute this form. A minor of sufficient competency to sign the request and to understand the nature of the transaction may request reissue of the bonds. A minor under legal guardianship may not request reissue.

EVIDENCE – Evidence, if needed, to support the request must be in the following form:

- (a) Proof of the death of the deceased registrant(s) in the form of a copy of the death certificate(s), certified under seal of the state or local registrar having custody of the records.
- (b) If consent cannot be obtained from the coowner whose name is being eliminated due to divorce, legal separation, or annulment, certified evidence will be required. A certified copy of a judgment, decree, or court order entered in proceedings to which the other person and the spouse named are parties, determining the extent of the interest of that spouse in the bonds, must be submitted. Reissue will be permitted only to the extent of that spouse's interest. When the divorce decree or judgment does not set out terms of the property settlement, a certified copy of the agreement must be submitted.

COMPLETION OF FORM

- ITEM 1.** Fill in the total face amount of the bonds for which reissue is being requested and fully describe the bonds. If the space is not sufficient to describe all the bonds, use a separate sheet of paper, sign it, refer to it in Item 1, and attach it to the form.
- ITEM 2.**
- Provide the social security number and name of the owner or first-named coowner to be shown on the new bonds.
 - Insert the name of the person to whom the bonds are to be mailed, if different than the owner or first-named coowner.
 - Insert the delivery address. Please note that this address will be shown on the new bonds.
 - Insert the name of the coowner or beneficiary, if any, which is to be shown in the registration of the new bonds.
- ITEM 3.** Mark the appropriate box(es) to indicate the reason(s) reissue is being requested:
- a. Mark this box to add a new coowner or beneficiary to a single-owner bond. Only the owner must sign the form.
 - b. Mark this box to change the present beneficiary to coowner (the beneficiary may only be shown as second-named coowner). Only the owner must sign the form.
 - c. Mark this box to remove the name of a living beneficiary and issue the bonds either in the owner's name alone or in his/her name with another person as second-named coowner or beneficiary. Only the owner must sign the form; the consent of the beneficiary is not necessary.
 - d. Mark this box and provide the requested information to remove the name(s) of any deceased registrant(s). The surviving registrant must be shown as the owner or first-named coowner in the registration of the new bonds. The surviving registrant must sign. If more than one registration is requested, a separate PD F 5387 must be completed for each different registration. ***Submit certified copies of the death certificates for all deceased registrants.***
 - e. Complete this item to show how a change of name occurred. The person whose name has changed must sign the form.
 - f. Complete this item to request reissue to correct an error in registration. Furnish the requested information regarding the purchase of the bonds and provide an explanation of the error. The purchaser must sign the form; however, if the purchaser and the person whose funds were used to purchase the bonds are different persons, both must sign the form.
 - g. Complete this item to request reissue due to divorce, legal separation, or annulment. Insert the name and social security number of the owner or principal coowner. The registered owner or both coowners must sign the form. Please carefully read the Tax Liability statement on page 1.
- ITEM 4.** Sign the form in ink, print your name, and provide your address, social security number, daytime telephone number, and e-mail address, if applicable. (See CERTIFICATION below.)

CERTIFICATION – Each person whose signature is required must appear before and establish identification to the satisfaction of an officer authorized to certify requests for payment of United States Savings Bonds and sign the request in the presence of the officer. If a minor owner or coowner signs the request, the officer must be satisfied that the minor is of sufficient competency to understand the nature of the transaction. Authorized certifying officers are available at banking institutions, including credit unions, in the United States. For a complete list of such officers, see Department of the Treasury Circular, Public Debt Series No. 2-98.

WHERE TO SEND – Send the PD F 5387 and the bonds, as well as any other appropriate forms and evidence, to one of the Treasury Retail Securities Sites shown below:

Treasury Retail Securities Site
PO Box 299
Pittsburgh, PA 15230-0299
1-800-245-2804

Treasury Retail Securities Site
PO Box 214
Minneapolis, MN 55480-0214
1-800-553-2663